Meningitis in Madhya Pradesh

2027. SHRI VIREN J. SHAH : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government's attention has been drawn to the newsitem published in the Hindustan Times of 12th February, 1992 under the caption "meningitis hits Madhya Pradesh";

(b) whether it is a fact that 33 persons succumbed to meningitis, vomitting and dysentery in the tribal Bastar Division of Madhya Pradesh during the last one month;

(c) if so, what are the causes of the disease; and

(d) the extent of medical assistance provided by Government to save the lives of the tribal people of Bastar living in the area.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARA DEVI SIDDHARTHA) : (a) Yes, Sir.

(b) The State Government have reported that total number of attacks and deaths due to meningitis, gastroenteritis and dysentery during January, 1992 in Bastar District were as under:—

	Attacks	Deaths
Meningitis	32	6
Gastroenteritis	386	35
Dysentery	185	5

(c) and (d) Outbreaks of gastroenteritis and dysentery occur primarily due to contamination of drinking water sources. The State Government have informed that they have provided an additional amount of Rs. 16.70 lakhs for medicines etc. in the affected areas. Actions have been taken for chlorination of water and installation of hand-pumps in the affected area. Nine special teams of medical and para-medical personnel are at present working in the are. Special arrangements for provision of safe drinking water for big social gathering like melas, fairs etc. are being made. State Government have also undertaken mass health education programme in the area for prevention and treatment of these diseases.

Quality of Unani Medicines

2028. MAULANA OBAIDULLAH KHAN AZMI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the quality of many Unani medicines of CGHS has been challenged many times;

(b) whether it is also a fact that Government have not taken action against the officers responsible therefor; and

(c) if so, what are the reasons therefor and what further action Government propose to take in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARA DEVI SIDDHARTHA): (a) and (b) Complaints regarding the quality of Unani medicines have been received occasionally for which corrective measures were taken.

(c) The rejected stocks were returned to the firms and they were instructed to improve their quality.

मलेरिया के औषधों की कमी

2029. **कुमारी सुशीला तिरिया:** क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार का ध्यान 7 अक्तूबर, 1991 के "दि टाइम्स ऑफ इंडिया" के मुम्बई संस्करण में "गवनमेंट इन्गोर्स शार्टेज आफ मलेरिया ड्रग्स" शीर्षक के अंतर्गत प्रकाशित समाचार की ओर दिलाया गया है;

(ख) यदि हां, तो उसका ब्यौरा क्या है; क्या इस संबंध में कोई जांच की गई है;

(ग) यदि हां, तो उसके निष्कर्ष क्या हैं और इस कमी को पूरा करने के लिए क्या उपचारी कदम उठाये जाने का विचार है; और

(घ) क्या इससे मलेरिया ग्रस्त राज्यों जैसे मध्य प्रदेश और उड़ीसा पर प्रतिकूल प्रभाव पड़ा है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती डी० के० तारादेवी सिद्धार्थ): (क) जी हां, भारत सरकार ने इस समाचार मद को देखा है।

(ख) और (ग) नवम्बर, 1990 से जुलाई, 1991 की अवधि के दौरान प्राइमाक्विन गोलियों की कमी थी जो मलेरिया नियंत्रण कार्यक्रम में उपयोग की जाने वाली

मलेरिया-रोधी औषधों में से एक है। यह कमी आपूर्तिकर्ताओं को दिये गए आदेशों के अनुसार उनके द्वारा इनकी आपूर्ति न करना था। इस कमी पर काबू पाने के लिए सरकार ने विश्व स्वास्थ्य संगठन के माध्यम से प्राइमाक्विन गोलियों का आयात करने की व्यवस्था की और अब यह पर्याप्त मात्रा में खरीद ली गई है।

प्राइमाक्विन गोलियों के भंडारण के संरक्षण के लिए राष्ट्रीय मलेरिया उन्मूलन कार्यक्रम निदेशालय ने 6-5-1991 को मलेरिया के गम्भीर और प्रतिरोधी रोगियों तक राइमाक्विन के प्रयोग को प्रतिबद्धित करने के लिए राज्य स्वास्थ्य प्राधिकारियों को अनुदेश जारी कर दिये थे। बाद में 11-9-1991 को इन अनुदेशों को वापस ले लिया गया।

(घ) मध्य प्रदेश और उड़ीसा सरकार से ऐसी कोई रिपोर्ट प्राप्त नहीं हुई है।

Eradication of Malaria

2030. SHRI SHANKAR DAYAL SINGH:Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any scheme for the eradication of Malaria in the country, and if so, what are the details thereof; and

(b) the amount allocated to different States for eradication of Malaria?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARA DEVI SIDDHARTHA): (a) The modified Plan of Operation under National malaria Eradication Programmes was launched in 1977 for effective control of malaria by undertaking residual insecticidal spraying and active and passive case detection in the country. The incidence of Malaria has been successfully brought down from 6.47 million cases in 1976 to 1.9 million cases during 1990.

(b) The amount allocated to different States for effective control of malaria under National Malaria Eradication Programme is annexed [*See* Appendix CLXII, Annexure No. 45]

कतिपय क्षेत्रों का निजीकरण

2031. **मौलाना ओबैदुल्ला खान आजमी:** क्या **स्वास्थ्य और परिवार कल्याण** मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या उनके मंत्रालय के नियंत्रणाधीन विभिन्न क्षेत्रों में निजीकरण शुरू करने की कोई योजना सरकार के विचाराधीन है; और

(ख) यदि हां, तो उसका ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती डी० के० तारादेवी सिद्धार्थ): (क) जी, नहीं।

(ख) प्रश्न नहीं उठता।

Birth Rate in India

2032. SHRIMATI SUSHMA SWARAJ: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the UNICEF Report 1992 according to which reduced child deaths have indicated a trend of fewer births in India;

(b) if so, Governments' reaction thereto; and

(c) what measures Government have taken during the last one year for providing better health care for children in India?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARA DEVI SIDDHARTHA): (a) Yes, Madam.

(b) With the decline in Infant Mortality Rate and higher assurance of the survivability of their children, people are more and more motivated for acceptance of the small family norm and consequently there is fertility decline.

(c) The measures include intensification of the following programmes:

(i) Universal Immunisation Programme to protect infants against Poliomyalitis, Tetanus, Diphtheria, Whooping Cough, Tuberculosis and Measles and pregnent women against Tetanus.

(ii) Oral Rehydration Therapy Programme for controlling deaths due to dehydration caused by diarrhoea among children upto the age of 5 years.

(iii) Control of Acute Respirator. Infections in children to cut down deat.s due to pneumonia.